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CONFIRMATION NO. 6732

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| SERIAL NUMBER<br>10/665,783 | FILING DATE<br>09/19/2003<br><br>RULE | CLASS<br>164 | GROUP ART UNIT<br>1725 | ATTORNEY<br>DOCKET NO.<br>GISZ 2 00034 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/412,176 09/20/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/10/2003

|  |  |                            |                           |                                |
|--|--|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br><br>COUNTRY<br>GA              | SHEETS<br><br>DRAWING<br>5 | TOTAL<br><br>CLAIMS<br>45 | INDEPENDENT<br><br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                            |                           |                                |
| Verified and<br>Acknowledged   | Examiner's Signature<br><i>h. H. d. m.</i> | Initials                   |                           |                                |

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## TITLE

Lost pattern mold removal casting method and apparatus

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|----------------------------|---|---|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
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